



APPRAISER BUSINESS PRACTICES INVESTIGATION REQUEST

Use this form to request a review or investigation of alleged violation(s) of appraiser licensing laws in the State of Washington under the provisions of the Uniform Standards of Professional Appraisal Practice (USPAP), or the Revised Code of Washington (RCW), Washington Administrative Code (WAC) applicable to the licensing or business practices of appraisers.

Instructions: Complete all sections and attach a written narrative that explains the alleged violation of USPAP or licensing law applicable to the appraiser's work or business practices. Please provide copies of appraisals, contracts, or assignment agreements supporting the specific allegations. Mail this form and attachment(s) to the above address.

Complainant Information

| | | |
|--------------------|-------|-------------------------------|
| COMPLAINANT'S NAME | | HOME TELEPHONE NO. () |
| STREET ADDRESS | | WORK TELEPHONE NO. () |
| P.O. BOX (IF ANY) | | FAX NO. () |
| CITY | STATE | ZIP CODE |

Licensee Information

| | | |
|-------------------|-------|-------------------------------|
| LICENSEE'S NAME | | HOME TELEPHONE NO. () |
| BUSINESS NAME | | WORK TELEPHONE NO. () |
| STREET ADDRESS | | FAX NO. () |
| P.O. BOX (IF ANY) | | |
| CITY | STATE | ZIP CODE |

Communications

If you answer "yes" to either of the following questions, please provide details in your written narrative.

Have you attempted to resolve your complaint with the licensee?

☐ Yes ☐ No

Did you advise the licensee that you were considering filing a complaint with the Department?

☐ Yes ☐ No

The Department of Licensing (DOL) is authorized to review, investigate, or close alleged complaints of appraiser misconduct, which may or may not result in sanctions imposed by the Director. DOL does not have the authority to recover funds from appraisers or award damages to complainants for incompetent or inaccurate appraisals that may have caused harm to the complainant. Complainants are advised to seek the advice of legal counsel for recovery purposes.

I certify (*or declare*) under penalty of perjury under the laws of the State of Washington that the foregoing and any attachments hereto, which are incorporated herein by reference, are true and correct.

Signature **X** _____ Date _____

Printed Name _____ County _____